

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER CA Against the Costly Recall of the Gov.: A Coal. of Firefighters, Working People, Educators, Bus., Bus. Leaders, the CA Dem. Party, Entertainment Bus., Dem. Governors and The Gov. Gray Davis Cmte.			Date of This Filing 09/18/2003	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)201-0344	I.D. NUMBER (if applicable) 1256416	Report No. 002			
STREET ADDRESS 					
CITY Los Angeles	STATE CA	ZIP CODE 90035	Amendment to Report No. 001 (explain below)		
			No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/16/2003	Machinists Non-Partisan Political League Upper Marlboro, MD 20772 ID# 822784	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00
09/16/2003	Dutra for Assembly 2002 Los Angeles, CA 90017 ID# 1238379	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,200.00
09/16/2003	Faculty for Our University's Future Los Angeles, CA 90045 ID# 850007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,306.92

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

amendment

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER CA Against the Costly Recall of the Gov.: A Coal. of Firefighters, Working People, Educators, Bus., Bus. Leaders, the CA Dem. Party, Entertainment Bus., Dem. Governors and The Gov. Gray Davis Cmte.			Date of This Filing 09/18/2003	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)201-0344	I.D. NUMBER (if applicable) 1256416	Report No. 002			
STREET ADDRESS					
CITY Los Angeles	STATE CA	ZIP CODE 90035	Amendment to Report No. 001 <small>(explain below)</small>		
			No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/16/2003	Fernando Villa M.D. Long Beach, CA 90813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician County of Los Angeles	\$1,000.00
09/16/2003	Kevin R. Culhane, A Prof. Corp. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

amendment

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER CA Against the Costly Recall of the Gov.: A Coal. of Firefighters, Working People, Educators, Bus., Bus. Leaders, the CA Dem. Party, Entertainment Bus., Dem. Governors and The Gov. Gray Davis Cmte.			Date of This Filing 09/18/2003	Date Stamp Page 3 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)201-0344		I.D. NUMBER (if applicable) 1256416	Report No. 002		
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY Los Angeles			STATE CA	ZIP CODE 90035	No. of Pages 3

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:
amendment